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diagnostic evaluation which includes an examination of the medical, psychological, social, behavioral, and developmental aspects of the recipient's situation. The plan shall include at an appropriate time a post-discharge treatment plan and plan for coordination of inpatient services for Medicaid patients under age twenty-one (21), with partial discharge plans and appropriate related services in the patient's community, to insure continuity of care when the patient is returned to his family, school, or community.

5. For Medicaid recipients in mental hospitals who are over age sixty-five (65), the individual plan of care shall include an initial review of the recipient's medical, psychiatric and social needs; periodic review of the recipient's medical, psychiatric and social needs; a determination, at least quarterly, of the recipient's need for continued institutional care and for alternative care arrangements; appropriate medical care in the institution, and appropriate social services.
6. Each Medicaid patient's plan of care shall be reviewed and updated every ninety (90) days for Medicaid recipients residing in ICF's/MR and recipients over age sixty-five (65) residing in institutions for mental diseases, and every thirty (30) days for recipients under age twenty-one (21) receiving services in a psychiatric hospital. Such review will be by an interdisciplinary team and shall consist of a determination that the services provided were and continue to be required on an inpatient basis, and for recommendations as to necessary adjustments in the plan as indicated by the patient's overall adjustment as an inpatient. This periodic update of the plan of care must be in writing and made a part of the patient's record.
7. The psychiatric hospital's utilization review committee shall review the appropriateness of admissions and continued stay by applying criteria contained in the approved utilization review plan. Such criteria shall be developed or adapted from appropriate regional norms. In any case, the initial review date shall be not longer than thirty (30) days after admission. Subsequent reviews must occur at least every ninety (90) days thereafter for patients over age sixty-five (65), and at least every thirty (30) days for patients under age twenty-one (21). Assigned review dates shall be recorded in the patient's record. All utilization review activities shall be conducted according to applicable federal regulations. Evidence of the utilization review committee action on admissions and patient plans of care are to be made a matter of record and shall be available for review by OMPP or any designee of OMPP.

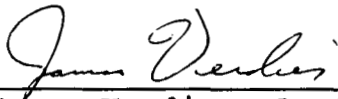
State of Indiana

Attachment 4.16-A

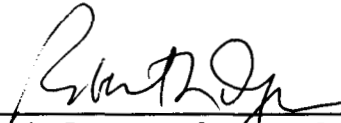
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8. This agreement will be reviewed after the date of signing on any occasion requested by the parties to the agreement. Further, this agreement may be amended at any time upon written agreement of all of the parties to the agreement.

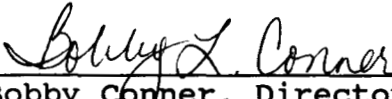
This agreement is entered into this 15th day of April, 1993.



James Verdier, Asst. Secretary
Office of Medicaid Policy
and Planning



Robert Dyer, Ph.D., Director
Division of Mental Health



Bobby Conner, Director
Division of Aging and
Rehabilitative Services

INTERAGENCY AGREEMENT
BETWEEN
INDIANA STATE DEPARTMENT OF PUBLIC WELFARE
EARLY PERIODIC SCREENING,
DIAGNOSIS AND TREATMENT PROGRAM
AND
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES
HEAD START PROGRAM

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I. Purpose of the Agreement

This agreement intends to increase the number of children participating in the Early Periodic Screening Diagnosis and Treatment (EPSDT) Program through the referral of Medicaid eligible children by local Head Start Agencies to EPSDT providers for services, and, to provide the local Head Start Agencies with screening and treatment services for Medicaid eligible Head Start children.

II. Mutual Objectives and Agency Responsibilities

Listed below are the responsibilities that the Indiana State Department of Public Welfare and Head Start Programs agree to assume when jointly serving EPSDT/Head Start children:

A. Eligibility

The Head Start Program shall:

1. Determine the Medicaid status of all Head Start children.
2. Refer potentially Medicaid eligible children and their families to the County Department of Public Welfare for eligibility determination.
3. Provide Medicaid eligible enrollees with brochures explaining available services.
4. Ensure confidentiality in the exchange of information by first obtaining a signed authorization from the parent or guardian.
5. Determine if children are presently participating in the EPSDT Program.
6. Determine from the parent or guardian of all Medicaid eligible enrollees whether an EPSDT screening was received by the child within the past year. If so, the parent's copy of the EPSDT Screening Form could be shared with Head Start to help satisfy program requirements or;

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#86-1

Effective Date _____

Approval Date 4-1-86

HCFA-179 # 86-1 Date Rec'd 4/23/86
Supersedes _____ Date Appr. 5/1/86
State Rep. In. _____ Date Eff. 4/1/86

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7. Request the health records of enrollees from EPSDT providers who have been identified by the parents and/or the EPSDT Program, following appropriate authorization.

The Indiana State Department of Public Welfare shall:

1. Ensure that an explanation and offer of EPSDT services are given on the local level to every Medicaid eligible enrollee of appropriate age.
2. Furnish local Head Start Programs with EPSDT brochures which outline EPSDT services.

Joint Responsibilities

1. Inform each other of any changes in the EPSDT and/or Head Start Programs which may affect eligibility.

B. Arrangement for Screening Services

The Head Start Program shall:

1. Explain the value of EPSDT services to Medicaid eligible enrollees and their families and encourage them to schedule appointments with an EPSDT Provider.
2. Request from the Indiana State Department of Public Welfare a current listing of EPSDT Screening Providers within each geographical target area.
3. Act as facilitator between Head Start parents and the Indiana State Department of Public Welfare or designated representative in arranging EPSDT screening and supportive services, such as transportation.
4. Encourage the scheduling of group screening appointments with local EPSDT Screening Providers for Head Start enrollees and their families whenever possible.

The Indiana State Department of Public Welfare shall:

1. Assume primary responsibilities in scheduling EPSDT screening services for those Head Start participants who are Medicaid eligible and meet the criteria for participation in the EPSDT program, within the constraints of availability of services.
2. Provide current listings of all EPSDT screening providers (by county) to the Indiana Specialist, Resource Access Project, University of Illinois, with periodic update as needed.

Joint Responsibilities

1. Protect the family's rights to freedom of choice in selecting medical and dental providers.

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C. Case Management

The Head Start Program shall:

1. Act as facilitator between Head Start parents and the Indiana State Department of Public Welfare or designate in arranging referrals for diagnostic and treatment services, when indicated. Possible activities include:
 - Provision of supportive services to families of Head Start children who are scheduled for EPSDT services.
 - Reminding the parents or guardians of enrolled children of scheduled EPSDT appointments.
 - Provision of follow-up to Head Start families when scheduled appointments have been missed.
2. Encourage the family of such a child leaving Head Start to continue a preventive health schedule.

The Indiana State Department of Public Welfare shall:

1. Assume case management responsibilities for all EPSDT eligible children who leave the Head Start Program and shall be ultimately responsible for all case management activities for all EPSDT children including those enrolled in the Head Start Program.

D. Provider Recruitment

The Head Start Program shall:

1. Refer interested providers who are not participating in the EPSDT Program to the Indiana State Department of Public Welfare for enrollment as an EPSDT provider.

The Indiana State Department of Public Welfare shall:

1. Pursue the enrollment of eligible providers identified by the Head Start Program.

E. Outreach and Health Education

The Head Start Program shall:

1. Include information on the EPSDT Program in its health education curricula for enrolled children and their families, emphasizing the value of routine preventive health care.
2. Expand community education and outreach efforts as needed to increase participation of Medicaid-eligibles in the Head Start and EPSDT Programs.
3. Supply the Indiana State Department of Public Welfare with Head Start educational materials.

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The Indiana State Department of Public Welfare shall:

1. Distribute educational material on the EPSDT Program to the Indiana Specialist, Resource Access Project, University of Illinois.
2. Provide annual, written notification of available services to eligible families who have not participated in the EPSDT Program.
3. Make Head Start educational materials available to Medicaid eligible families.

Joint Responsibilities

1. Coordinate training sessions for respective outreach staff to maximize mutual understanding of the EPSDT and Head Start Programs.
2. Review written materials for appropriateness and consistency and update as needed.

F. Confidentiality

This Agreement shall contain the assurance that all information obtained by either party to this Agreement from mutual participants shall constitute privileged communications, shall be held confidential and shall not be divulged to anyone except the patient or parent or guardian of the patient without written permission. Information pertaining to individual participants shall be released only for purposes directly connected to the efficient administration of the EPSDT Program or the Head Start Program after obtaining consent for such disclosure. Information may otherwise be disclosed only in summary, statistical or other form which does not identify particular individuals.

G. Exchange of Program Information

The Head Start Program shall supply the following information to Indiana State Department of Public Welfare:

1. Head Start Program Performance Standards and related policy memoranda.
2. Pertinent educational materials developed by the Head Start Program.
3. A list of all Head Start grantees, including addresses, telephone numbers, names of current directors and health coordinators and counties served.

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4. Other evaluation reports as appropriate.

The Indiana State Department of Public Welfare shall supply the following information to Head Start:

1. EPSDT posters and brochures, as well as educational materials developed by the Indiana State Department of Public Welfare.
2. Names and addresses of certified EPSDT Screening Providers by county.
3. Locations of County Department of Public Welfare Offices, and State EPSDT Staff.
4. Other evaluation reports as appropriate.

I. Management of Collaborative Activities

To facilitate implementation of this Agreement, both parties agree to the following:

Both parties will invite mutual participation in relevant training sessions and seminars and will jointly arrange special sessions as necessary.

J. Continuous Liaison

The following staff have been appointed to act as interagency liaison for all matters concerning this Agreement:

Regional ACYF/Head Start

GERMAN WHITE, JR.
REGIONAL PROGRAM DIRECTOR
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES
DEPARTMENT OF HUMAN SERVICES
REGION V OFFICE
300 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

Resource Access Project

NIURKA MASTRAPA
ASSOCIATE COORDINATOR
INDIANA SPECIALIST
UNIVERSITY OF ILLINOIS
403 EAST HEALEY STREET
CHAMPAIGN, ILLINOIS 61820

Indiana EPSDT:

IVAN SUMNER AND JUDY RENSCHLER
INDIANA DEPARTMENT OF PUBLIC WELFARE
MEDICAID DIVISION, ROOM 701
100 NORTH SENATE AVENUE
INDIANAPOLIS, INDIANA 46204

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K. Periodic Review and Update of Agreement

This Agreement shall be in effect for a period of one (1) year from the original date of approval and shall be reviewed annually, two months prior to the anniversary date of its execution, by all the responsible parties. Liaison staff identified herein shall arrange for its review. Such review shall be for the purposes of discussing its implementation and for modification, clarification or redefinition of any provision as deemed necessary.

This Agreement shall automatically renew on the anniversary date of its approval. Any modification shall require the signatures of the authorized parties.

IV. Signatures

This Agreement is signed and entered into on the date indicated below.

FOR: RESOURCE ACCESS PROJECT

BY:



Merle B. Karnes
Project Director
Resource Access Project

DATE:

2-24-86

FOR: INDIANA STATE DEPARTMENT OF PUBLIC WELFARE

BY:



Donald L. Blinzinger
Director
Indiana State Department of Public Welfare - Medicaid Division

The provisions of this Agreement have been reviewed and are endorsed by the parties indicated below.

FOR: INDIANA HEAD START ASSOCIATION

BY:



Sherrie Bell, President
Indiana Handicapped Services Advocate

DATE:

2/26/86

HCFA-179 # 86-1 Date Rec'd 4/23/86
Supercedes _____ Date Appr. 5/1/86
State Rep. In. _____ Date Eff. 4/1/86

OFFICE

COOPERATION AGREEMENT BETWEEN
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION,
OFFICE OF MEDICAID POLICY AND PLANNING
AND
THE OFFICE OF THE ATTORNEY GENERAL

THIS AGREEMENT is entered into between the Office of Medicaid Policy and Planning, hereinafter referred to as the "Office", and the Office of the Attorney General, State of Indiana, hereinafter referred to as "OAG".

THIS AGREEMENT in no way is intended to inhibit or relieve the IFSSA from its management responsibilities of prevention, detection, and elimination of abusive and improper or fraudulent practices in the Medicaid program.

WHEREAS, Public Law 95-142, 91 Stat. 1175, was enacted by the U.S. Congress on October 25, 1977 to strengthen the capability of the government to detect, prosecute, and punish fraudulent activities under the Medicare and Medicaid programs; and

WHEREAS, Section 17 of P.L. 95-142 authorized the Secretary of the U.S. Department of Health and Human Services to certify a state Medicaid Fraud Control Unit for which the federal government will fund 90 percent of the costs for establishment and operation thereof up to a maximum specified in the law; and

WHEREAS, P.L. 95-142 requires that a state Medicaid Fraud Control Unit must be an entity separate and distinct from the single state agency that administers or supervises the administration of the state Medicaid program; and

WHEREAS, pursuant to the requirements of P.L. 95-142, the Secretary of the U.S. Department of Health and Human Services has promulgated regulations (42 CFR, sec. 1007.9 (1992 ed.) pertaining to the establishment of state Medicaid Fraud Control Units which require that an entity applying for certification as a Medicaid Fraud Control Unit must have an agreement with the single state agency administering the Medicaid program whereby both agencies agree to the conditions established in paragraph (d) of section 1007.9 (1992 ed.) above.

AGREEMENT:

IT IS AGREED between the Office and the OAG that each shall comply fully with the following provisions in order for the State of Indiana to receive federal funding for the establishment and operation of a Medicaid Fraud Control Unit within the OAG as defined and authorized by Public Law 95-142;

TN # 93-013

Supersedes

TN # 92-16

Approval Date 8-13-93

Effective Date 5/4/93

**THE IFSSA AGREES TO:**

- (1) Promptly refer to the Indiana Medicaid Fraud Control Unit hereinafter referred to as "IMFCU" of the OAG:
 - (a) all cases of suspected fraud in the administration of the Medicaid program. For the purposes of this agreement, "Fraud" has the definition used in 42 CFR § 455.2, "an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person." It includes any act that constitutes fraud under applicable federal or state law.
 - (b) all cases of suspected fraud by providers of service under the Indiana Medicaid program.
 - (c) all cases of the suspected misappropriation of patients' private funds in health care facilities receiving payments under the Indiana Medicaid program.
 - (d) all cases of suspected patient abuse in health care facilities receiving payments under the Indiana Medicaid program.
- (2) Comply promptly with a written request from the IMFCU of OAG for access to, and a free copy of any records or information in the possession of the Office or its contractors, if the IMFCU determines that it may be useful in carrying out its responsibilities;
- (3) Comply promptly, and without charge, with written requests from the IMFCU of the OAG for computerized data stored by the Office or its contractors in such form as the IMFCU may request, limited to the capabilities of the MMIS, if the IMFCU determines that these data may be useful in carrying out its responsibilities;
- (4) Arrange for the IMFCU of the OAG to have access to any records or information kept by the providers of services under the state Medicaid program which the Office is authorized access by section 1902 (a) (4) and (27) of the Social Security Act and Section 431.107 of Title 42 CFR, if the IMFCU determines that this access may be necessary in carrying out its responsibilities;

TN # 93-013
Supersedes
TN # 92-16

Approval Date 8-13-93Effective Date 5/6/93